

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BLUEGRASS COMMITTEE

ADDRESS (number and street)

228 S WASHINGTON ST

Check if different
than previously
reported. (ACC)

STE 115

ALEXANDRIA

VA

22314-5404

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00235655

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

[]

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

[]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STEINBERG, LARRY, , ,

Signature of Treasurer

STEINBERG, LARRY, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BLUEGRASS COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2023

To:

MM / DD / YYYY
10 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		386798.08
(b) Cash on Hand at Beginning of Reporting Period.....	199089.82	
(c) Total Receipts (from Line 19)	20007.63	359424.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	219097.45	746222.79
7. Total Disbursements (from Line 31)	25952.93	553078.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193144.52	193144.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BLUEGRASS COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 01 2023

To:

M M / D D / Y Y Y Y Y
10 31 2023**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

15000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

15000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

20000.00

319500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20000.00

334500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

24850.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.01

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

7.63

74.70

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

20007.63

359424.71

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20007.63

359424.71

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	21752.93	238678.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21752.93	238678.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	285000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	4200.00	29400.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25952.93	553078.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25952.93	553078.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20000.00	334500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	334500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	21752.93	238678.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	21752.93	238678.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BLUEGRASS COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELEVANCE HEALTH PAC

Mailing Address 120 MONUMENT CIR

City
INDIANAPOLISState
INZip Code
46204-4906FEC ID number of contributing
federal political committee.**C** C00197228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2023**Transaction ID : AC556D88EB85743A4A5C**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GENEN PACMailing Address 1399 NEW YORK AVENUE, NW
SUITE 300City
WASHINGTONState
DCZip Code
20005-4769FEC ID number of contributing
federal political committee.**C** C00199257

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2023**Transaction ID : AA2BD26C4103049B7A9D**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HCA GOOD GOVERNMENT FUNDMailing Address ONE PARK PLAZA
P.O. BOX 550City
NASHVILLEState
TNZip Code
37202FEC ID number of contributing
federal political committee.**C** C00067231

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2023**Transaction ID : A811C38C97EB64117ACD**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

BLUEGRASS COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 N. MICHIGAN AVENUE

City
CHICAGOState
ILZip Code
60611FEC ID number of contributing
federal political committee.

C

C00030718

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2023

Transaction ID : ADAF7591DD1E84B5FA19

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

20000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLUEGRASS COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 1 ADP BLVD

City
ROSELANDState
NJZip Code
07068-1728

Purpose of Disbursement

PAYROLL SERVICE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : B705DA0AB/

Amount of Each Disbursement this Period

134.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BALLINGER, KALEIGH, , ,

Mailing Address PO BOX 1496

City
LOUISVILLEState
KYZip Code
40201-1496

Purpose of Disbursement

ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	2	3		

FEC Identification Number

C

Transaction ID : B4BD73DBB3

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAVALRY LLCMailing Address 425 MASSACHUSETTS AVE NW
APT 1119City
WASHINGTONState
DCZip Code
20001-7635

Purpose of Disbursement

STRATEGIC CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : B806989047f

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	1	1	3	4	.	9	8				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BLUEGRASS COMMITTEE

Full Name (Last, First, Middle Initial)

A. HANEY CONSULTING

Mailing Address 616 S ADAMS ST

City
ARLINGTONState
VAZip Code
22204-2113Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	2	3		

FEC Identification Number

C**Transaction ID : BA08BB4A79**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLCMailing Address 1010 WISCONSIN AVE NW
STE 530City
WASHINGTONState
DCZip Code
20007-3788Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	2	3		

FEC Identification Number

C**Transaction ID : B70A0C8088**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10600.00

21734.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLUEGRASS COMMITTEE

Full Name (Last, First, Middle Initial)

A. KYLE WHALEN FOR STATE REPRESENTATIVE

Mailing Address 1196 TABORLAKE DR

City
LEXINGTONState
KYZip Code
40502-6593Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

ANNUAL

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	2	3		

FEC Identification Number

C **Transaction ID : B80A70E827!**

Amount of Each Disbursement this Period

 2100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT STIVERS FOR STATE SENATE

Mailing Address 207 MAIN STREET

City
MANCHESTERState
KYZip Code
40962-1259Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

ANNUAL

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		2	3		2	0	2	3		

FEC Identification Number

C **Transaction ID : B99E14A401!**

Amount of Each Disbursement this Period

 2100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4200.00

4200.00